

David Buccalo
126 Lower Hillside Drive
Bellbrook, OH 45305

May 15, 2021

Chief Doherty
Police Department
City of Bellbrook
15 E. Franklin Street
Bellbrook, OH 45305

Dear Chief,

I am requesting to receive copies of public records. The last five trespass / no trespass reports or orders processed by the Bellbrook Police Department.

The copy of the citation, the police report made by the officers, correspondence, emails or text messages or audio recordings made or received in connection with them.

If you have any questions call me at 937-532-3267.

Thank you in advance.

Sincerely,


David Buccalo

937-532-3267

L/M 5-21-21 CF

RECEIVED
5-20-21 CF

5/04/

Y

BAUER, BRANDEN SCOTT

1120 RICHLAND RD , , OH 45385 9347

PHONE

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/

NARRATIVE SUPPLEMENT

INCIDENT NUMBER
1-21-000482

VICTIM	OFFENSE	INCIDENT DATE / TIME 5/04/2021 1531
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Narrative Type: Supplement

Topic: WW# 15033

Narrative Reporting Officer: Ruble, Anthony 13

Narrative Date/Time: 05/04/2021 17:54

On the above date, Det. Jones and I were dispatched to 3991 Shadowleaf Ct. for an unwanted subject at their front door. Upon our arrival, I met with Mr. Branden Bauer outside the front door. Det. Jones met with the caller / homeowner, Vickie Speros inside the residence for this investigation.

Mr. Bauer had a pre-arranged and agreed upon time and date for him to pick up their children , Daryl (5 years old) and Kennadi (9 years old) from Victoria Bauer. Note: Mr. and Mrs. Bauer are currently in the beginning stages of a possible divorce. However when Mr. Bauer arrived and knocked at the front door of the residence, the homeowner Vickie Speros felt threatened and called the police.

Mr. Bauer was issued Written Warning # 15033 for Criminal Trespass from 3991 Shadowleaf Ct. as requested by Mrs. Vickie Speros. In addition, Det. Jones learned that Victoria Bauer had their children at a different location and was not handing over them to Mr. Bauer at this time. Note: Victoria told Det. Jones that the children were doing fine. Mr. Bauer cleared from the scene.

Body Cam active

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED
REPORTING OFFICER	Ruble, Anthony		BADGE NO. 13	DATE 5/04/2021	
APPROVING OFFICER	Carmin, Stephen		BADGE NO. 3	DATE 5/10/2021	

Bellbrook Police Department



15 East Franklin Street
Bellbrook, Ohio 45305

No. 15033

Name BRANDEN SCOTT BAUER

Address 1120 RICHLAND RD.

Phone XENIA, OHIO 45305
OL No./ State

M F Race W DOB 1-16-1987

Date / Time of Violation 5-4-2021 1531

Location of Violation 3991 SHADOWLEAF CT.

Vehicle Information (If involved)

Year _____ Make _____ Model _____ State _____

Reg. # _____ Color _____

This **Written Warning** is issued for:

Traffic Violation

Moving Violation - Describe _____

Equipment Violation - Describe _____

Number of Days allowed for repair: _____ (Bellbrook Police only)

Criminal Violation - Describe _____

Criminal Trespass: This is a Criminal Trespass Warning for the person named above to not enter or remain on the premises listed below, or you will be charged with Criminal Trespassing, 2911.21.

Address: 3991 SHADOWLEAF CT. BELLBROOK, OH 45305

Officer's Signature / Unit # Off. Tuble #13

ADMINISTRATIVE

AGENCY NAME **Bellbrook Police Department**

CALL NUMBER **2100000-0778** GEOCODE **2**

TOD

TOA **1012**

TOC **1030**

INCIDENT NUMBER **1-21-000430**

CLEARANCES

A DEATH OF OFFENDER G ARREST - JUVENILE

B PROSECUTION DECLINED H WARRANT ISSUED

C EXTRADITION DENIED I INVEST. PENDING

D VICTIM REFUSED TO COOP J CLOSED

E JUVENILE/NO CUSTODY K UNFOUNDED

F ARREST - ADULT U UNKNOWN

CLEARANCE DATE _____ CLEARED BY: _____

OHIO UNIFORM INCIDENT REPORT

REPORT DATE/TIME				INCIDENT OCCURRED FROM				INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
04	25	2021	1032	04	25	2021	1003	04	25	2021	1030

INCIDENT LOCATION (Street, Apt, City, State, Zip) **7144 Wilmington-Dayton RD, Bellbrook, OH 45305**

HATE / BIAS Y N EXPLAIN: _____

OFFENSE	OFFENSE CODE	A/C F / M & DEGREE	TYPE OF CRIMINAL ACTIVITY
1.			1. 2. 3. _____ B - BUYING / RECEIVING C - CULTIVATING / MFG / PUB D - DISTRIBUTING / SELLING E - EXPLOITING CHILDREN O - OPER / PROMOTING / ASSIST. P - POSSESSING / CONCEALING T - TRANSPORT / TRANSMIT U - USING / CONSUMING
2.			1. 2. 3. _____
3.			1. 2. 3. _____
4.			1. 2. 3. _____
5.			1. 2. 3. _____

LOCATION OF OFFENSE(S) (Enter up to two for each offense)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

RESIDENTIAL STRUCTURE	COMMERCIAL LOCATIONS	RETAIL	OUTSIDE	LARCENY TYPE
01 SINGLE FAMILY HOME	15 AUTO SHOP	28 BAR	43 YARD	23A <input type="checkbox"/> POCKET PICKING
02 MULTIPLE DWELLING	16 FINANCIAL INSTITUTION	27 BUY / SELL / TRADE SHOW	44 CONSTRUCTION SITE	23B <input type="checkbox"/> PURSE SNATCHING
03 RESIDENTIAL FACILITY	17 BARBER / BEAUTY SHOP	28 RESTAURANT	45 LAKE/WATERWAY	23C <input type="checkbox"/> SHOPLIFTING
04 OTHER RESIDENTIAL	18 HOTEL/MOTEL	29 GAS STATION	46 FIELD/WOODS	23D <input type="checkbox"/> THEFT FROM BUILDING
05 GARAGE / SHED	19 DRY CLEANER/LAUNDRY	30 AUTO SALES LOT	47 STREET	23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.
PUBLIC ACCESS BLDGS.	20 PROFESSIONAL OFFICE	31 JEWELRY STORE	48 PARKING LOT	23F <input type="checkbox"/> THEFT FROM MOTOR VEH.
06 TRANSIT FACILITY	21 DOCTOR'S OFFICE	32 CLOTHING STORE	49 PARK/PLAYGROUND	23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES.
07 GOVERNMENT OFFICE	22 OTHER BUSINESS OFFICE	33 DRUGSTORE	50 CEMETERY	240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE
08 SCHOOL	23 AMUSEMENT CENTER	34 LIQUOR STORE	51 PUBLIC TRANSIT VEHICLE	23H <input type="checkbox"/> OTHER
09 COLLEGE	24 RENTAL STORAGE FACILITY	35 SHOPPING MALL	52 OTHER OUTSIDE LOCATION	SUSPECTED OF USING
10 CHURCH	25 OTHER COMMERCIAL SERVICE LOC.	36 SPORTING GOODS	77 OTHER	A <input type="checkbox"/> ALCOHOL
11 HOSPITAL		37 GROCERY / SUPERMARKET		D <input type="checkbox"/> DRUGS
		38 VARIETY / CONVENIENCE		C <input type="checkbox"/> COMPUTER EQUIP
		39 DEPARTMENT STORE		N <input type="checkbox"/> NOT APPLICABLE

METHOD OF ENTRY	METHOD OF ENTRY - MOTOR VEHICLE THEFT	METHOD OF ENTRY - BURGLARY / B & E
1 <input type="checkbox"/> FORCE	01 <input type="checkbox"/> MOTOR RUNNING / KEYS IN CAR	ENTRY EXIT
2 <input type="checkbox"/> NO FORCE	02 <input type="checkbox"/> UNLOCKED	1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>
NO. PREMISES ENTERED	03 <input type="checkbox"/> DUPLICATE KEY USED	2 <input type="checkbox"/> 1ST FLOOR <input type="checkbox"/>
	04 <input type="checkbox"/> WINDOW BROKEN	3 <input type="checkbox"/> 2ND FLOOR <input type="checkbox"/>
	05 <input type="checkbox"/> TOWED	4 <input type="checkbox"/> OTHER <input type="checkbox"/>
		5 <input type="checkbox"/> OTHER <input type="checkbox"/>
		1 <input type="checkbox"/> DOOR <input type="checkbox"/>
		2 <input type="checkbox"/> WINDOW <input type="checkbox"/>
		3 <input type="checkbox"/> GARAGE <input type="checkbox"/>
		4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>
		5 <input type="checkbox"/> OTHER <input type="checkbox"/>
		1 <input type="checkbox"/> FRONT <input type="checkbox"/>
		2 <input type="checkbox"/> SIDE <input type="checkbox"/>
		3 <input type="checkbox"/> REAR <input type="checkbox"/>
		4 <input type="checkbox"/> ROOF <input type="checkbox"/>
		5 <input type="checkbox"/> OTHER <input type="checkbox"/>

METHODS OF OPERATION

NO.	TOTAL VICTIMS	NAME (Last, First, Middle)
ADDRESS (Street, Apt., City, State, Zip)		PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U
OCCUPATION	SSN	RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER
VICTIM TYPE	I <input type="checkbox"/> INDIVIDUAL F <input type="checkbox"/> FINANCIAL INSTITUTION P <input type="checkbox"/> POLICE OFFICERS (IN THE LINE OF DUTY)	STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT 6 <input type="checkbox"/> UNKNOWN
VICTIM INJURED?	B <input type="checkbox"/> BUSINESS G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS ORGANIZATION	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN
	IF INJURED, DESCRIBE INJURIES	

AGGASLT / HOMICIDE CIRCUM _____ VICT. OFF. RELAT _____ VICTIM LINKED TO OFFENDER NO(S) _____ VICTIM LINKED TO OFFENSE NO(S) _____

My signature verifies that the information on this report is accurate and true. DATE _____

REPORTING OFFICER Warren, Joshua	BADGE NO. 37	DATE 4/25/2021
APPROVING OFFICER Carmin, Stephen	BADGE NO. 3	DATE 5/10/2021

FOLLOW-UP? If yes, follow-up assignment: Y N

ADDITIONAL SUPPLEMENTS VICTIM / WITNESS PROPERTY STATEMENT FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES

SUSPECT / ARREST NARRATIVE OTHER INVESTIGATION RECORDS

OFFENSE

VICTIM

INCIDENT NUMBER 1-21-000430

INCIDENT REPORT - PART 2

INCIDENT NUMBER
1-21-000430

INCIDENT LOCATION
7144 Wilmington-Dayton RD Bellbrook, OH 45305

REPORT DATE / TIME
4/25/2021 1032

NO. 001 NAME (Last, First, Middle) JONES, JACQUELINE N
AGED/O.B. 25 Y 3/19/1996
SSN *****

ADDRESS (Street, Apt. City, State, Zip)
5065 LAMME RD , DAYTON, OH 45439

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)
PHONE

STATEMENT OBTAINED Y N TYPE WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT VEH VICTIM'S VEH UNAUTH. USE ABANDONED

NO. DAMAGE TO VEHICLE LIC LIS LLY LIT VIN / OAN VALUE
 THEFT FROM VEHICLE

VYR VMA VMO VST VCO TOP BOTTOM VEHICLE KEYS IN HOLD Y RELEASE Y
LOCKED N VEHICLE N VEHICLE N CONTENT N

VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? Y N TOWED BY OWNERSHIP TAG RECEIPT TITLE
VERIFIED BY: BILL OF SALE OTHER

STOLEN MOTOR NO. AREA STOLEN: RESID. BUSINESS RURAL ADDITIONAL DESCRIPTION
VEHICLE ONLY STOLEN

AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip) PHONE

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE REC. STOLEN IN YOUR JURISDICTION WHERE RECOVERED?
 Y N

TYPE PROPERTY LOSS / ETC. (enter codes below) 1 NONE 3 COUNTERFEITED / FORGED 5 STOLEN / ETC. 7 RECOVERED P PHOTO
2 BURNED 4 DESTROYED / DAMAGED / VANDALIZED 6 SEIZED U UNKNOWN E EVIDENCE TOTAL VALUE

LOSS CODE	QUANTITY	DESCRIPTION	PROP CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROP CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROP CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROP CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

- | | | | | | |
|---|---|---|---|--|--|
| PROPERTY CODES:
EXCHANGE MEDIUMS
01 Money
02 Credit / Debt Card
03 Negotiable Instruments
04 Other Exchange Mediums
DOCUMENTS
05 Non-Negotiable Instruments
06 Personal Papers
07 Other Documents | VALUABLES
08 Jewelry / Precious Metals
09 Art Objects, Antiques
10 Other Valuables
PERSONAL EFFECTS
11 Clothing Furs
12 Purses / Handbags / Wallets
13 Other Personal Effects
HOUSEHOLD ITEMS
14 Household Items
EQUIPMENT
15 Drug / Narcotic Equip. | 16 Gambling Equipment
17 Computer Hardware / Soft.
18 Office Equipment
19 Stereo / TV Equip.
20 Recordings Audio / Vis.
21 Sports Equipment
22 Photographic Equip.
23 Farm Equipment
24 Heavy Construction / Industrial
25 Building Supplies - Const.
26 Tools
27 Vehicle Parts / Acces. | 28 School Supplies
29 Other Equipment
CONSUMABLE ITEMS
30 Alcohol
31 Drugs / Narcotics
32 Consumable Goods
ANIMALS
33 Livestock
34 Household Pets
VEHICLES
35 Aircraft | 36 Automobiles
37 Bicycles
38 Buses
39 Trucks
40 Trailers
41 Watercraft
42 Recreational Veh.
43 Other Motor Veh.
WEAPONS
44 Firearms
45 Other Weapons | STRUCTURES
46 Single Occupancy
47 Other Dwellings
48 Commercial / Bus.
49 Indus. / Mfg.
50 Public / Comm.
51 Storage
52 Other Structure
OTHER
53 Merchandise
54 Other Property
55 Pending Inventory |
|---|---|---|---|--|--|

On Sunday, April 25, 2021 at 1003 hours I responded to Penn Station located at 7144 Wilmington Dayton Road for a harassment complaint.

REPORTER
VEHICLE
PROPERTY
NARRATIVE

NARRATIVE SUPPLEMENT

INCIDENT NUMBER
1-21-000430

VICTIM	OFFENSE	INCIDENT DATE / TIME 4/25/2021 1003
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Narrative Type: Supplement

Topic: Information Report

Narrative Reporting Officer: Warren, Joshua 37

Narrative Date/Time: 04/25/2021 10:48

On Sunday, April 25, 2021 at 1003 hours I responded to Penn Station located at 7144 Wilmington Dayton Road for a harassment complaint. Upon arrival I spoke to the complainant, Jacqueline Jones. Ms. Jones advised she was being harassed by a male named, Kyle Cassidy. Ms. Jones advised Mr. Cassidy came to Penn Station on April 24, 2021 and had a confrontation in the parking lot. Ms. Jones advised Mr. Jones damaged her vehicle and spit on her. Ms. Jones advised she did not call the police for this incident. Ms. Jones then advised she had received several phone calls and text messages from Mr. Cassidy this morning while at work. I read conversations with Mr. Cassidy and Ms. Jones and did not see any threats in the messages. Ms. Jones advised Mr. Cassidy broke into her residence in Miami Township last night and advised she did not want to seek charges for the incident. Ms. Jones stated she has been going through a lot recently and did not want anything else. I advised Ms. Jones to block Mr. Cassidy's number and not to respond to his messages. I advised Ms. Jones if Mr. Cassidy came to her work to contact the police department and we could trespass him from the property.

At 1025 hours I contacted Mr. Cassidy and advised him not to come to Penn Station in Bellbrook. Mr. Cassidy advised he was going to Miami Township to press charges for assault on Ms. Jones. My body camera was activated during this incident.

Respectfully,

Officer J.Warren #37

REASON CLEARED	<input type="checkbox"/> A DEATH OF OFFENDER <input type="checkbox"/> B PROSECUTION DECLINED <input type="checkbox"/> C EXTRADITION DENIED	<input type="checkbox"/> D VICTIM REFUSED TO COOP. <input type="checkbox"/> E JUVENILE / NO CUSTODY <input type="checkbox"/> F ARREST - ADULT	<input type="checkbox"/> G ARREST - JUVENILE <input type="checkbox"/> H WARRANT ISSUED <input type="checkbox"/> I INVEST. PENDING	<input type="checkbox"/> J CLOSED <input type="checkbox"/> K UNFOUNDED <input type="checkbox"/> U UNKNOWN	DATE CLEARED
REPORTING OFFICER	Warren, Joshua		BADGE NO. 37	DATE 4/25/2021	
APPROVING OFFICER	Carmin, Stephen		BADGE NO. 3	DATE 5/10/2021	

AGENCY NAME **Bellbrook Police Department**

CALL NUMBER **21000000-510** GEOCODE **1**

TOD **1705**

TOA **1709**

TOC **1740**

INCIDENT NUMBER **1-21-000284**

CLEARANCES

A DEATH OF OFFENDER G ARREST - JUVENILE

B PROSECUTION DECLINED H WARRANT ISSUED

C EXTRADITION DENIED I INVEST. PENDING

D VICTIM REFUSED TO COOP J CLOSED

E JUVENILE/NO CUSTODY K UNFOUNDED

F ARREST - ADULT U UNKNOWN

OHIO UNIFORM INCIDENT REPORT

CLEARANCE DATE **3/22/2021** CLEARED BY: **43**

REPORT DATE/TIME				INCIDENT OCCURRED FROM				INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
03	22	2021	1705	03	22	2021	1705	03	22	2021	1740

INCIDENT LOCATION (Street, Apt, City, State, Zip) **2480 Periwinkle Dr, Bellbrook, OH 45305**

HATE / BIAS Y N EXPLAIN: **No Bias/Not Applicab**

OFFENSE **1. Criminal Trespass** OFFENSE CODE **2911.21** A/C F / M & DEGREE **C M4** TYPE OF CRIMINAL ACTIVITY **1. 2. 3.**

2. **3. 4. 5.**

LOCATION OF OFFENSE(S) (Enter up to two for each offense)

1. **49** 2. 3. 4. 5.

RESIDENTIAL STRUCTURE

01 SINGLE FAMILY HOME

02 MULTIPLE DWELLING

03 RESIDENTIAL FACILITY

04 OTHER RESIDENTIAL

05 GARAGE / SHED

12 JAIL/PRISON

13 PARKING GARAGE

14 OTHER PUBLIC ACCESS BUILDING

COMMERCIAL LOCATIONS

15 AUTO SHOP

16 FINANCIAL INSTITUTION

17 BARBER / BEAUTY SHOP

18 HOTEL/MOTEL

19 DRY CLEANER/LAUNDRY

20 PROFESSIONAL OFFICE

21 DOCTOR'S OFFICE

22 OTHER BUSINESS OFFICE

23 AMUSEMENT CENTER

24 RENTAL STORAGE FACILITY

25 OTHER COMMERCIAL SERVICE LOC.

RETAIL

26 BAR

27 BUY / SELL / TRADE SHOW

28 RESTAURANT

29 GAS STATION

30 AUTO SALES LOT

31 JEWELRY STORE

32 CLOTHING STORE

33 DRUGSTORE

34 LIQUOR STORE

35 SHOPPING MALL

36 SPORTING GOODS

37 GROCERY / SUPERMARKET

38 VARIETY / CONVENIENCE

39 DEPARTMENT STORE

40 OTHER RETAIL STORE

41 FACTORY/MILL/PLANT

42 OTHER BUILDING

OUTSIDE

43 YARD

44 CONSTRUCTION SITE

45 LAKE/WATERWAY

46 FIELD/WOODS

47 STREET

48 PARKING LOT

49 PARK/PLAYGROUND

50 CEMETERY

51 PUBLIC TRANSIT VEHICLE

52 OTHER OUTSIDE LOCATION

77 OTHER

LARCENY TYPE

23A POCKET PICKING

23B PURSE SNATCHING

23C SHOPLIFTING

23D THEFT FROM BUILDING

23E THEFT FROM COIN-OP MACH.

23F THEFT FROM MOTOR VEH.

23G MOTOR VEH. PARTS/ACCES.

240 THEFT OF MOTOR VEHICLE

23H OTHER

SUSPECTED OF USING

A ALCOHOL

D DRUGS

C COMPUTER EQUIP

N NOT APPLICABLE

METHOD OF ENTRY

1 FORCE

2 NO FORCE

NO. PREMISES ENTERED

01 MOTOR RUNNING / KEYS IN CAR

02 UNLOCKED

03 DUPLICATE KEY USED

04 WINDOW BROKEN

05 TOWED

METHOD OF ENTRY - MOTOR VEHICLE THEFT

06 HOT WIRE

07 SLJM JIM / COAT HANGER

08 TUMBLERS REMOVED

09 COLUMN PEELED

10 IGNITION PEELED

METHOD OF ENTRY - BURGLARY / B & E

ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
1 <input type="checkbox"/> BASEMENT	<input type="checkbox"/>	1 <input type="checkbox"/> DOOR	<input type="checkbox"/>	1 <input type="checkbox"/> FRONT	<input type="checkbox"/>
2 <input type="checkbox"/> 1ST FLOOR	<input type="checkbox"/>	2 <input type="checkbox"/> WINDOW	<input type="checkbox"/>	2 <input type="checkbox"/> SIDE	<input type="checkbox"/>
3 <input type="checkbox"/> 2ND FLOOR	<input type="checkbox"/>	3 <input type="checkbox"/> GARAGE	<input type="checkbox"/>	3 <input type="checkbox"/> REAR	<input type="checkbox"/>
4 <input type="checkbox"/> OTHER	<input type="checkbox"/>	4 <input type="checkbox"/> SKYLIGHT	<input type="checkbox"/>	4 <input type="checkbox"/> ROOF	<input type="checkbox"/>
		5 <input type="checkbox"/> OTHER	<input type="checkbox"/>	5 <input type="checkbox"/> OTHER	<input type="checkbox"/>

METHODS OF OPERATION

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) **BELLBROOK, CITY OF**

ADDRESS (Street, Apt., City, State, Zip) **15 E FRANKLIN ST , BELLBROOK, OH 45305-2901** PHONE **(937) 848-4666**

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

AGE / DOB SEX **M** RACE W I U HEIGHT WEIGHT **1000** HAIR **BRO** EYES **BLU**

OCCUPATION SSN RESIDENT 1 RESIDENT 3 MILITARY 5 OTHER STATUS 2 TOURIST 4 STUDENT 6 UNKNOWN S SOCIETY / PUBLIC U UNKNOWN O OTHER

VICTIM TYPE I INDIVIDUAL F FINANCIAL INSTITUTION P POLICE OFFICERS (IN THE LINE OF DUTY) B BUSINESS G GOVERNMENT R RELIGIOUS ORGANIZATION

VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES

AGG.ASLT / HOMICIDE CIRCUM VICT. OFF. RELAT VICTIM LINKED TO OFFENDER NO(S) VICTIM LINKED TO OFFENSE NO(S) **01**

My signature verifies that the information on this report is accurate and true. DATE

REPORTING OFFICER **Johnston, Ryan** BADGE NO. **43** DATE **3/22/2021**

APPROVING OFFICER **Vetter, John** BADGE NO. **33** DATE **3/22/2021**

FOLLOW-UP? If yes, follow-up assignment: Y N

ADDITIONAL SUPPLEMENTS VICTIM / WITNESS PROPERTY STATEMENT FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES SUSPECT / ARREST NARRATIVE OTHER INVESTIGATION RECORDS

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT NUMBER 1-21-000284

INCIDENT REPORT - PART 2

INCIDENT NUMBER
1-21-000284

INCIDENT LOCATION 2480 Periwinkle Dr Bellbrook, OH 45305		REPORT DATE / TIME 3/22/2021 1705
NO. 001	NAME (Last, First, Middle) Hayes, Patricia L	AGE/D.O.B. 55 Y 7/18/1965
ADDRESS (Street, Apt. City, State, Zip) 2471 Periwinkle Dr , Bellbrook, OH 45305		SSN *****
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE

STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER	
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT VEH <input type="checkbox"/> VICTIM'S VEH <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED	
NO.	<input type="checkbox"/> DAMAGE TO VEHICLE LIC LIS LIY LIT VIN / OAN
VYR	VMA VMO VST VCO TOP BOTTOM
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N TOWED BY
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL ADDITIONAL DESCRIPTION
AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip)	
PHONE	

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION WHERE RECOVERED? <input type="checkbox"/> Y <input type="checkbox"/> N
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TYPE PROPERTY LOSS / ETC.	(enter codes below)	1 NONE	2 BURNED	3 COUNTERFEITED / FORGED	4 DESTROYED / DAMAGED / VANDALIZED	5 STOLEN / ETC.	6 SEIZED	7 RECOVERED	U UNKNOWN	P PHOTO E EVIDENCE	TOTAL VALUE
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LOSS CODE	QUANTITY	DESCRIPTION	PROF CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROF CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROF CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROF CODE	VALUE
	VEH NO.	MAKE / BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER		NCIC NUMBER	OTHER NUMBER

- | | | | | | |
|--|--|---|---|--|--|
| PROPERTY CODES:
EXCHANGE MEDIUMS
01 Money
02 Credit / Debit Card
03 Negotiable Instruments
04 Other Exchange Mediums
DOCUMENTS
05 Non-Negotiable Instruments
06 Personal Papers
07 Other Documents | VALUABLES
08 Jewelry / Precious Metals
09 Art Objects, Antiques
10 Other Valuables
PERSONAL EFFECTS
11 Clothing Furs
12 Purses / Handbags / Wallets
13 Other Personal Effects
HOUSEHOLD ITEMS
14 Household Items
EQUIPMENT
15 Drug / Narcotic Equip. | 16 Gambling Equipment
17 Computer Hardware / Soft.
18 Office Equipment
19 Stereo / TV Equip.
20 Recordings Audio / Vis.
21 Sports Equipment
22 Photographic Equip.
23 Farm Equipment
24 Heavy Construction / Industrial
25 Building Supplies - Const.
26 Tools
27 Vehicle Parts / Acces. | 28 School Supplies
29 Other Equipment
CONSUMABLE ITEMS
30 Alcohol
31 Drugs / Narcotics
32 Consumable Goods
ANIMALS
33 Livestock
34 Household Pets
VEHICLES
35 Aircraft | 36 Automobiles
37 Bicycles
38 Buses
39 Trucks
40 Trailers
41 Watercraft
42 Recreational Veh.
43 Other Motor Veh.
WEAPONS
44 Firearms
45 Other Weapons | STRUCTURES
46 Single Occupancy
47 Other Dwellings
48 Commercial / Bus.
49 Indus. / Mfg.
50 Public / Comm.
51 Storage
52 Other Structure
OTHER
53 Merchandise
54 Other Property
55 Pending Inventory |
|--|--|---|---|--|--|

On 3/22/2021 at 1705 hours, I was dispatched to the Brookview Swim Club on a trespassing complaint.

R E P O R T E E
 V E H I C L E
 P R O P E R T Y
 N A R R A T I V E

NARRATIVE SUPPLEMENT

INCIDENT NUMBER

1-21-000284

VICTIM BELLBROOK, CITY OF	OFFENSE Criminal Trespass	INCIDENT DATE / TIME 3/22/2021 1705
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Narrative Type: Supplement

Topic: Trespassers

Narrative Reporting Officer: Johnston, Ryan 43

Narrative Date/Time: 03/22/2021 18:29

On 3/22/2021 at 1705 hours, I was dispatched to the Brookview Swim Club for two young males breaking glass. I arrived on scene and located two young males matching the caller's description inside a garage on the property. I saw that they were sweeping out the garage and had food and drinks set out. I identified myself and informed the boys of why I was there. I told them that they were trespassing and I would need their names as well as for them to call their parents for me.

One boy, Matthew Bolton, admitted to breaking a glass bottle in the parking lot. I spoke with his mother on the phone and informed her of the situation and she instructed Matthew to return home once we were done. The other boy, Tyler Brown, called his father, Mark Brown, who I spoke with. Mr. Brown said that he would arrive on scene shortly and pick up his son. The boys swept up the broken glass and I had them pick up other trash around the property.

I asked the boys what they were doing at the pool and they said they come here to hang out, eat snacks, and drink soda. I told them that they were trespassing and could get in serious trouble if they came back. They said that they understood and would not be returning.

Mr. Brown arrived on scene and I explained the situation to him. He reaffirmed that they boys would not return to the property. He also that they have been best friends for 10 years and are well behaved but he was thankful for being called and made aware of the issue.

BWC ON

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input checked="" type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED 3/22/2021
REPORTING OFFICER Johnston, Ryan	BADGE NO. 43	DATE 3/22/2021			
APPROVING OFFICER Vetter, John	BADGE NO. 33	DATE 3/22/2021			

AGENCY NAME **Bellbrook Police Department**

CALL NUMBER **2100000-467** GEOCODE **4**

TOD

TOA **1700**

TOC **1800**

INCIDENT NUMBER **1-21-000267**

CLEARANCES

A DEATH OF OFFENDER G ARREST - JUVENILE

B PROSECUTION DECLINED H WARRANT ISSUED

C EXTRADITION DENIED I INVEST. PENDING

D VICTIM REFUSED TO COOP J CLOSED

E JUVENILE/NO CUSTODY K UNFOUNDED

F ARREST - ADULT U UNKNOWN

CLEARANCE DATE _____ CLEARED BY: _____

OHIO UNIFORM INCIDENT REPORT

MONTH	REPORT DATE/TIME DAY	YEAR	TIME	MONTH	INCIDENT OCCURRED FROM DAY	YEAR	TIME	MONTH	INCIDENT OCCURRED TO DAY	YEAR	TIME
03	16	2021	1700	03	16	2021	1700	03	16	2021	1800

INCIDENT LOCATION (Street, Apt, City, State, Zip) **137 W Franklin St, Bellbrook, OH 45305**

HATE / BIAS Y N EXPLAIN: _____

OFFENSE	OFFENSE CODE	A/C F / M & DEGREE	TYPE OF CRIMINAL ACTIVITY
1.			1. 2. 3. _____
2.			1. 2. 3. _____
3.			1. 2. 3. _____
4.			1. 2. 3. _____
5.			1. 2. 3. _____

B - BUYING / RECEIVING
C - CULTIVATING / MFG / PUB
D - DISTRIBUTING / SELLING
E - EXPLOITING CHILDREN
O - OPER / PROMOTING / ASSIST.
P - POSSESSING / CONCEALING
T - TRANSPORT / TRANSMIT
U - USING / CONSUMING

LOCATION OF OFFENSE (s) (Enter up to two for each offense)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

RESIDENTIAL STRUCTURE	COMMERCIAL LOCATIONS	RETAIL	OUTSIDE
01 SINGLE FAMILY HOME	15 AUTO SHOP	26 BAR	43 YARD
02 MULTIPLE DWELLING	16 FINANCIAL INSTITUTION	27 BUY / SELL / TRADE SHOW	44 CONSTRUCTION SITE
03 RESIDENTIAL FACILITY	17 BARBER / BEAUTY SHOP	28 RESTAURANT	45 LAKE/WATERWAY
04 OTHER RESIDENTIAL	18 HOTEL/MOTEL	29 GAS STATION	46 FIELD/WOODS
05 GARAGE / SHED	19 DRY CLEANER/LAUNDRY	30 AUTO SALES LOT	47 STREET
PUBLIC ACCESS BLDGS.	20 PROFESSIONAL OFFICE	31 JEWELRY STORE	48 PARKING LOT
06 TRANSIT FACILITY	21 DOCTOR'S OFFICE	32 CLOTHING STORE	49 PARK/PLAYGROUND
07 GOVERNMENT OFFICE	22 OTHER BUSINESS OFFICE	33 DRUGSTORE	50 CEMETERY
08 SCHOOL	23 AMUSEMENT CENTER	34 LIQUOR STORE	51 PUBLIC TRANSIT VEHICLE
09 COLLEGE	24 RENTAL STORAGE FACILITY	35 SHOPPING MALL	52 OTHER OUTSIDE LOCATION
10 CHURCH	25 OTHER COMMERCIAL SERVICE LOC.	36 SPORTING GOODS	77 OTHER
11 HOSPITAL		37 GROCERY / SUPERMARKET	
		38 VARIETY / CONVENIENCE	
		39 DEPARTMENT STORE	

LARCENY TYPE

23A POCKET PICKING

23B PURSE SNATCHING

23C SHOPLIFTING

23D THEFT FROM BUILDING

23E THEFT FROM COIN-OP MACH.

23F THEFT FROM MOTOR VEH.

23G MOTOR VEH. PARTS/ACCES.

240 THEFT OF MOTOR VEHICLE

23H OTHER

SUSPECTED OF USING

A ALCOHOL

D DRUGS

C COMPUTER EQUIP

N NOT APPLICABLE

METHOD OF ENTRY	METHOD OF ENTRY - MOTOR VEHICLE THEFT	METHOD OF ENTRY - BURGLARY / B & E
1 <input type="checkbox"/> FORCE	01 <input type="checkbox"/> MOTOR RUNNING / KEYS IN CAR	ENTRY EXIT
2 <input type="checkbox"/> NO FORCE	02 <input type="checkbox"/> UNLOCKED	1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>
NO. PREMISES ENTERED	03 <input type="checkbox"/> DUPLICATE KEY USED	2 <input type="checkbox"/> 1ST FLOOR <input type="checkbox"/>
	04 <input type="checkbox"/> WINDOW BROKEN	3 <input type="checkbox"/> 2ND FLOOR <input type="checkbox"/>
	05 <input type="checkbox"/> TOWED	4 <input type="checkbox"/> OTHER <input type="checkbox"/>
		5 <input type="checkbox"/> OTHER <input type="checkbox"/>
		ENTRY EXIT
		1 <input type="checkbox"/> DOOR <input type="checkbox"/>
		2 <input type="checkbox"/> WINDOW <input type="checkbox"/>
		3 <input type="checkbox"/> GARAGE <input type="checkbox"/>
		4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>
		5 <input type="checkbox"/> OTHER <input type="checkbox"/>
		ENTRY EXIT
		1 <input type="checkbox"/> FRONT <input type="checkbox"/>
		2 <input type="checkbox"/> SIDE <input type="checkbox"/>
		3 <input type="checkbox"/> REAR <input type="checkbox"/>
		4 <input type="checkbox"/> ROOF <input type="checkbox"/>
		5 <input type="checkbox"/> OTHER <input type="checkbox"/>

METHODS OF OPERATION

NO.	TOTAL VICTIMS	NAME (Last, First, Middle)

ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____

AGE / DOB _____ SEX _____ RACE B A W I U HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

OCCUPATION _____ SSN _____ RESIDENT STATUS 1 RESIDENT 3 MILITARY 5 OTHER 2 TOURIST 4 STUDENT 6 UNKNOWN

VICTIM TYPE I INDIVIDUAL F FINANCIAL INSTITUTION P POLICE OFFICERS (IN THE LINE OF DUTY) S SOCIETY / PUBLIC O OTHER B BUSINESS G GOVERNMENT R RELIGIOUS ORGANIZATION U UNKNOWN

VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES _____

AGG. ASLT / HOMICIDE CIRCUM _____ VICT. OFF. RELAT _____ VICTIM LINKED TO OFFENDER NO(S) _____ VICTIM LINKED TO OFFENSE NO(S) _____

My signature verifies that the information on this report is accurate and true.

REPORTING OFFICER **Johnston, Ryan** BADGE NO. **43** DATE **3/16/2021**

APPROVING OFFICER **Carmin, Stephen** BADGE NO. **3** DATE **3/18/2021**

FOLLOW-UP? If yes, follow-up assignment: Y N

ADDITIONAL SUPPLEMENTS VICTIM / WITNESS PROPERTY STATEMENT FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES SUSPECT / ARREST NARRATIVE OTHER INVESTIGATION RECORDS

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT NUMBER 1-21-000267

INCIDENT REPORT - PART 2

INCIDENT NUMBER
1-21-000267

REPORT

INCIDENT LOCATION 137 W Franklin St Bellbrook, OH 45305		REPORT DATE / TIME 3/16/2021 1700
NO. 001	NAME (Last, First, Middle) Dart, Gregory L	AGE/D.O.B. 41 Y 10/27/1979
ADDRESS (Street, Apt. City, State, Zip) 74 E Franklin ST , Bellbrook, OH 45305		PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER		

VEHICLE

CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT VEH <input type="checkbox"/> VICTIM'S VEH <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED										
NO.	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC	LIS	LTY	LIT	VIN / OAN	VALUE			
<input type="checkbox"/> THEFT FROM VEHICLE	VMA		VMO	VST	VCO	TOP BOTTOM	VEHICLE LOCKED	<input type="checkbox"/> Y KEYS IN <input type="checkbox"/> N VEHICLE	<input type="checkbox"/> Y HOLD <input type="checkbox"/> N VEHICLE	<input type="checkbox"/> Y RELEASE <input type="checkbox"/> N CONTENT
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED?	<input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER			
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN:	<input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS	<input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION					
AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip)										PHONE
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?							

PROPERTY

TYPE PROPERTY LOSS / ETC.	(enter codes below)	1 NONE	3 COUNTERFEITED / FORGED	5 STOLEN / ETC.	7 RECOVERED	P PHOTO E EVIDENCE	TOTAL VALUE	
		2 BURNED	4 DESTROYED / DAMAGED / VANDALIZED	6 SEIZED	U UNKNOWN			
LOSS CODE	QUANTITY	DESCRIPTION					PROP CODE	VALUE
	VEH NO.	MAKE / BRAND			MODEL		DATE RECOVERED	
	SERIAL NUMBER			NCIC NUMBER	OTHER NUMBER			
LOSS CODE	QUANTITY	DESCRIPTION					PROP CODE	VALUE
	VEH NO.	MAKE / BRAND			MODEL		DATE RECOVERED	
	SERIAL NUMBER			NCIC NUMBER	OTHER NUMBER			
LOSS CODE	QUANTITY	DESCRIPTION					PROP CODE	VALUE
	VEH NO.	MAKE / BRAND			MODEL		DATE RECOVERED	
	SERIAL NUMBER			NCIC NUMBER	OTHER NUMBER			
LOSS CODE	QUANTITY	DESCRIPTION					PROP CODE	VALUE
	VEH NO.	MAKE / BRAND			MODEL		DATE RECOVERED	
	SERIAL NUMBER			NCIC NUMBER	OTHER NUMBER			

PROPERTY CODES:	EXCHANGE MEDIUMS	01 Money	02 Credit / Debit Card	03 Negotiable Instruments	04 Other Exchange Mediums	DOCUMENTS	05 Non-Negotiable Instruments	06 Personal Papers	07 Other Documents
VALUABLES	08 Jewelry / Precious Metals	09 Art Objects, Antiques	10 Other Valuables	PERSONAL EFFECTS	11 Clothing Furs	12 Purses / Handbags / Wallets	13 Other Personal Effects	HOUSEHOLD ITEMS	14 Household Items
EQUIPMENT	15 Drug / Narcotic Equip.	16 Gambling Equipment	17 Computer Hardware / Soft.	18 Office Equipment	19 Stereo / TV Equip.	20 Recordings Audio / Vis.	21 Sports Equipment	22 Photographic Equip.	23 Farm Equipment
		24 Heavy Construction / Industrial	25 Building Supplies - Const.	26 Tools	27 Vehicle Parts / Acces.	28 School Supplies	29 Other Equipment	CONSUMABLE ITEMS	30 Alcohol
		31 Drugs / Narcotics	32 Consumable Goods	ANIMALS	33 Livestock	34 Household Pets	VEHICLES	35 Aircraft	36 Automobiles
		37 Bicycles	38 Buses	39 Trucks	40 Trailers	41 Watercraft	42 Recreational Veh.	43 Other Motor Veh.	WEAPONS
		44 Firearms	45 Other Weapons	STRUCTURES	46 Single Occupancy	47 Other Dwellings	48 Commercial / Bus.	49 Indus. / Mfg.	50 Public / Comm.
		51 Storage	52 Other Structure	OTHER	53 Merchandise	54 Other Property	55 Pending Inventory		

NARRATIVE

On 3/16/2021 at 1700 hours, I was notified by dispatch of a trespassing complaint and was requested to make contact over the phone.

NARRATIVE SUPPLEMENT

INCIDENT NUMBER

1-21-000267

VICTIM	OFFENSE	INCIDENT DATE / TIME 3/16/2021 1700
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Narrative Type: Supplement

Topic: Trespass Complaint

Narrative Reporting Officer: Johnston, Ryan 43

Narrative Date/Time: 03/17/2021 19:51

On 3/16/2021 at 1700 hours, I was notified by dispatch of a trespassing complaint and was requested to make contact over the phone. I called the complainant, Gregory Dart, and he advised that he owned several properties in Bellbrook that he wanted to have someone trespassed from.

I asked Mr. Dart who this was in reference to and he advised that he would like to have Ernie Havens trespassed from 137 W. Franklin St. as well as the adjoining properties. He also added 7 W. Franklin St., 74 E. Franklin St., and 80 E. Franklin St. I asked Mr. Dart if there had been any threats made against him or damage done to his property and he said no but he still did not want Mr. Havens to return to any of the listed properties.

I called Mr. Havens and informed him of the situation and provided him the list of properties he was no longer permitted to be on. Mr. Havens made clear that he would not return to those properties.

Body camera was not activated during the phone calls.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED
REPORTING OFFICER	Johnston, Ryan		BADGE NO. 43	DATE 3/16/2021	
APPROVING OFFICER	Carmin, Stephen		BADGE NO. 3	DATE 3/18/2021	